



# RESERVE POLICY & INTEGRATION (M10)

## AUGUST 2020, VOL. 1, ISSUE 4

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### From Hospital Corps Chief to Medical Service Corps Admiral: The Story of Rear Admiral Mark Moritz

by Regena Kowitz, Naval Medical Forces Pacific

It can be said that the Medical Service Corps (MSC), which celebrates its 73rd birthday this year, was born from the ranks of hospital corpsmen. Among the 251 plankowners who represented the very first MSC

**"I could never have guessed this was going to be my path, my destiny, when I was sworn in to the Navy on the aft of the USS Sullivans."**

Officers, 71 percent were former corpsmen or hospital corps warrant officers.

Seventy-three years later, there are still plenty of prior corpsmen among the ranks of MSC officers, including Rear Adm.

Mark Moritz, Naval Medical Forces Pacific Deputy Commander, Reserve Component. But to think his career has followed any kind of typical path as he rose from the enlisted ranks to not only an officer, but a flag officer in the U.S. Navy, would be wrong.



You might say the military is in Moritz's blood. His family's service to our nation goes back to the American Revolution when a many times great grandfather fought in the Battle of Yorktown in 1781, under the command of Gen. George Washington. His maternal grandfather served in the Navy during World War I, deploying on transports navigating across U-boat infested waters from New Orleans to the European theater. And other family members have answered the call of duty in World War II and Vietnam, some who never came home.

It does seem natural that Moritz would answer that same call. And, at the age of 17, he did. It was his path to higher education.

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Moritz wanted to go to college but couldn't afford it. A family tragedy, the death of his sister, and a hometown where farms were closing and factories were shutting down meant money was tight. At the time, the Navy was offering Sailors a "two for one" deal, according to Moritz.

"For every one dollar you put away, the Navy would double it, giving you three dollars to be used for education," he added. "I chose the Navy to earn money for school and an education."

After graduating from boot camp in the company with the highest overall average in all aspects of training, and attending Hospital Corps "A" School, Moritz received his first set of orders.

"I was awaiting my assignment outside the school doors, and out came the chief who named us off one by one. 'Applegate, you go the USS Jersey.' Another name was



called for the USS Arkansas and I thought, 'Wow! A guided missile cruiser. How cool was that!' Finally, the chief called my name and said, 'Pendleton.' I was overwhelmed with joy and said how cool that I got the USS Pendleton!"

Moritz said he wandered around for about 10 minutes telling his shipmates how excited he was about his orders before his chief looked at him, grinned, and said, "Pendleton is not a ship you idiot, you're going to the United States Marines."

Moritz survived Field Medical Service School (now known as Field Medical Training Battalion), having learned not only land navigation and how to treat combat injuries from instructors who had served in Vietnam, but also the importance of comradery.

The first life Moritz saved was that of a young Marine. During a training exercise at Marine Corps Air Ground Combat Center Twenty-nine Palms, a private first class who was the a-gunner in an M60 battle tank shattered his right arm after it got caught in machinery inside the tank.



"When he was pulled from the tank by the Marines, the skin was splitting open, the bone was in splinters, and he was in shock," Moritz remembers. "As a hospitalman fresh from school, I was petrified! But my training kicked in and, after controlling the bleeding and applying a tourniquet, I started an IV and gave him two units of ringers lactate, and the company Gunny called in a MEDEVAC."

Once the helicopter arrived, the pilot yelled to Moritz to get in because they didn't have a corpsman onboard. Soaked in blood at that point, one of the crew gave him a clean blouse that belonged to a lance corporal. The patient was safely transferred to the hospital—where he would make a full recovery even though he lost his arm—and Moritz and the flight

crew returned to the training area where they found several people awaiting their arrival, including a brigadier general.

"I jumped off the helicopter and the general asked me for Moritz and I said, 'yes, sir!'" Moritz recalls.

The general's response was, "'No! You're Lance Corporal Baker!'"

Moritz had forgotten that he was wearing a borrowed blouse, "so the brigadier general thought I was the wrong guy!"

The mistaken identity was quickly cleared up and Moritz was presented with an "on the spot" Navy Achievement Medal for his actions. But even more rewarding, he said, was the meal the flight crew bought him at the hospital and the thank you letter he later received from the Marine whose life he saved, written in his left hand because he'd lost his right.

In 1983, he deployed to Beirut with the 24th Marine Amphibious Unit (MAU). It was during the Cold War with the Soviet Union and the Marines and Sailors had been sent on a peacekeeping mission. Instead, Moritz would be witness to a terrorist attack that would result in the highest loss of life in a single day for the Marines since D-Day on Iwo Jima in 1945.

"There was the first suicide bomber who detonated a truck bomb at the barracks for 1st Battalion, 8th Marines, killing 220 Marines, 18 Sailors, and 3 Soldiers," said Moritz. "There were 100-150 others wounded in the blast, some later died of their injuries."

A second truck struck another building that housed members of the French military, killing 58 paratroopers.

Among the Sailors killed that day were 15 hospital corpsman and one Navy doctor. After the bombing, Moritz remained in Beirut to assist the 22nd MAU.



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Moritz left active service in 1986 to pursue the higher education that was his reason for joining the Navy, earning an associate degree in business, a bachelor's degree in pre-medicine, and a master's degree in biology, all from the State University of New York. After graduating, Moritz decided to pursue a career in podiatry.

"At the time, the Navy had a shortage of foot doctors and although I stayed in the Reserves, I looked at this as an opportunity and way to return to my military career," Moritz said.

But the military would come calling sooner than he imagined. In 1990, during his first year as podiatry student at the Ohio College of Podiatric Medicine at Case Western Reserve University he was recalled to active duty. When the Gulf War broke out, Moritz, who was a first class petty officer in the Reserves, had 72 hours to mobilize to Saudi Arabia with 3rd Battalion, 25th Marines.

Dropping everything and deploying can be a challenge at any point in your life. Doing so during your first year of podiatry school can be particularly nerve-racking, wondering if you will still have a place and be able to continue your education when you come home. But Moritz soon discovered he would not have to worry about that.

"I had very little time to check out of school," remembers Moritz. "Three of my deans came to me prior to leaving with scroll from the university, guaranteeing my spot back in the podiatry program no matter when I returned. This inspired me to come back a year later, after serving in the war, and finish what I started. I still have that scroll."

During his deployment in support of Desert Shield/Desert Storm, Moritz pinned on his anchors. After he was promoted, his battalion commanding officer

(CO) informed him he would be getting a room to himself.



His CO paced off an area in the dirt, marked it with glow sticks, had Moritz's tent placed in the middle, and christened it the "Chiefs' Mess" in his honor.

"Being a genuine chief means everything to me," Moritz said. "My highest level of achievement is belonging to this brotherhood and sisterhood of khakis."

After his deployment, Moritz returned to podiatry school and, inspired by his university's support, graduated in 1995 second in his class and Magna Sum Laude. He also received his commission as a lieutenant in the MSC that year before going on to complete his residency and fellowship at the University of Utah in 1998.

In 2019, Moritz attained the rank of Rear Admiral. This is a significant accomplishment for anyone but especially for someone who began their Navy career as an E-1, the most junior enlisted rank. He is the first Chief Hospital Corpsmen and the first podiatrist to attain the rank of flag officer.

"Starting out in the Navy as an E-1 and earning every rank to my anchors, then from my commission to a one-star admiral, I could never have guessed this was going to be my path, my destiny, when I was sworn in to the Navy on the aft of the USS Sullivans," said Moritz. "Now it's time to give back. No matter if

you're a chief or an admiral, it's important to be part of the full circle of your achievements and give back. Sailors before self."

As the COVID-19 pandemic swept across the globe, Moritz was recalled to active duty in early March to support of the nation's response efforts. He was assigned as the Commander, Naval Task Force, COVID-19 Testing, by the Navy's Surgeon General, Rear Adm. Bruce Gillingham.

As the task force commander, Moritz established relationships with the Centers for Disease Control and Prevention, Navy and Marine Corps Public Health Center, and research experts world-wide, establishing a scientific panel to advise the surgeon general, the U.S. House and Senate Armed Services Committees, the Secretary of Defense, and the Commandant of the Marine Corps on emerging science and technology. He also coordinated with the DoD COVID-19 task force, the Army, and the Air Force to perform more than 200,000 tests for the virus at 95 laboratories across the DoD; advised leadership at recruit training centers on best practices to maximize the safety of future Sailors and Marines; and worked hand-in-hand with operational commanders to track outbreaks and identify high-risk areas to quickly contain the spread of COVID-19.

"I have never been so proud to be in the Navy as I have this past year, seeing our response to the nation during the pandemic," Moritz said. "Who would have thought that in 2020, the pointy end of the spear would be Navy Medicine against a worldwide pandemic? Our Sailors stood the watch to protect and heal this nation. What chief or admiral could not be proud of that?"



### EDUCATION & TRAINING

*LCDR Bates/HM1 El Gbouri*

Leaders,

Thank you immensely for the sustained focus on Navy Medicine's commitment to lethality. The "One Navy Medicine" motto directs each sailor to align to the Surgeon General's 4 P's: People, Performance, Platforms and Power to build a lethal force to get capabilities to the warfighter faster.

Let's briefly discuss the high reliability organization (HRO) concept, which will significantly contribute to medical power. High reliability is defined as, "consistent excellence in quality and safety across all services, maintained over long periods of time." The hallmark of an HRO is dedication to standardization. The HRO pillars are leadership, culture of safety, and robust performance improvement.

During times of transformational change, increased communication and strengthened collaboration are required to ensure each member has a focal point to reach the desired destination of high performing teams. Tough times are sure to surface, but we are a resilient force. Give renewed energy to being "brilliant on the basics," and prioritize efforts to improve readiness postures across the enterprise. Let us

continue to apply the HRO pillars to assignments and duties daily.

In closing, be sure to check out the new, standardized "BUMED Operational Readiness Training" and BUMED "Fiscal Year Training" completion reports which are readily accessible to Command and Detachment Training Officers in FLTMS.

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### OPPORTUNITIES KNOCKING

*LCDR Bates/HM1 El Gbouri*

We're excited to share an amazing forum for our Enlisted Community and their families. The Navy Advancement website is a great resource to find instructions, web resources, and advancement news. How exciting to have a "one-stop shop" to gain insight on enlisted matters for you and your family!

If seeking information and tips on Professional Military Knowledge (PMK), look no further! Check out [www.navyadvancement.com](http://www.navyadvancement.com) today. The Professional Military Knowledge (PMK) portion of the advancement exam reinforces the objectives of the Leadership Training Continuum, Navy Military Training, and General Military Training. Topics such as leadership, character and career information, professional conduct, Naval Heritage and seamanship will be tested.

Also, you can download the Professional Military Knowledge

Eligibility Exam (PMK-KK) app from the Navy App Locker website.

Be certain to review the NAVADMIN 201/20 for current eligibility deadlines for PMK-EE completion, and keep up the outstanding work! #gonavy

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### MANPOWER

*LT Johnson/HMC Sevilleja*

COMNAVRESFORCOM (N12) is now accepting board membership and board support applications in RFMT for the FY21 APPLY Board.

Officers not under consideration for APPLY billet assignment for FY21 are encouraged to apply for board membership or support (recorder) positions as of 22 June 2020.

The nomination process for the FY21 APPLY Board participation is online and may be accessed via the RFMT homepage by clicking on the "APPLY" tab. Submissions must be received by 31 July 2020. \*Dates by panel are located under the APPLY section of the RFMT Homepage.





## IRT PROGRAM

*LCDR Gangler*

The FY21 IRT schedule and unit assignments are as follows (dates are tentative and subject to change):

- OHSU (RSU) San Diego-Kodiak Island Arctic Care- 11-25 May
- EMF Great Lakes- East Central Georgia-13-27 June
- OHSU (RSU) Portsmouth-Operation Gateway-10-24 July
- OHSU (RSU) Jacksonville-Operation Healthy Delta-4-19 June
- OHSU Bremerton (RSU Camp Pendleton)- Tropic Care 2021-3-17 June

All FY21 IRT Planners will be invited to attend the virtual Joint Workshop for Operational Planners from 1-3 September, hosted by the Office of the Secretary of Defense (OSD). Initial Planning meetings will begin in October, likely via virtual platform.

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## AMSUS

Award Recipients will be announced late September 2020. For additional details, visit [www.amsus.org](http://www.amsus.org).

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## IT CORNER

*HM1 El Gbouri*

### Malware Protection

We have all seen or heard in the news or via friends and family of instances of ID theft, ransomware, and loss of data. Many of those cybercrimes were

possible because of malware injected directly into private computers, mobile devices, or servers where millions of customers' private information was compromised. The real question is, "What can I do about it?"

With COVID 19 stay at home orders, many hackers suddenly found themselves having way too much time on their hands. It is likely that COVID-19 has inspired increased malware and other cybersecurity attacks.

Our machines have processes running in the background that are managed by operating systems (i.e., Windows, iOS, Linux). The makers of these operating systems are in a continuous battle to outsmart hackers who are getting smarter by the second and who have many advantages and no limitations on their tactics. Additionally, many of them are out of the jurisdiction of the United States.

The DoD has given us some tools to protect our privacy and equipment. There is a free antivirus software for home use made available to military members. In addition, vetted telework tools are available for our use.

Finally, and most importantly, without the proper behaviors, digital security will still be at risk. Consider the following best practices to protect your data:

1- Protect your equipment and make sure you always have an antimalware and antivirus software running. Have strong PINs and passwords for your devices and websites. Only install trusted applications. Delete suspicious email. Access your financial data only from trusted devices.

2- Disable connections when you are not using them. This goes for not only internet connections, but also Bluetooth on your tablets and phones. Driving with your Bluetooth on and not connected can open the door to attackers driving close by to breach and download your data.

3- At home, change your Wi-Fi password often. A password that is the same for several years will be cracked sooner or later. If not by a hacker, it will be by a child in your neighborhood who learned how from a YouTube video.

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## FINANCE CORNER

*Jim Clearwood*

### Additional Drills (ATP/RMP):

Additional Drills include Additional Training Periods (ATPs) or Readiness Management Periods (RMPs). Additional drill periods provide individuals and units the opportunity to achieve and maintain required mobilization readiness levels when 48 regular drill periods are



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insufficient to meet training objectives.

- Additional IDT (drill) periods shall not be performed during a unit's regularly scheduled IDT weekend.

- Duration of Additional IDT Periods: minimum duration of an additional IDT period is 4 hours.

The Command Training Officer (CTO) will work with BUMED to manage drill accounts as necessary to complete their missions based on their Additional Drills budget. When Detachment Officers in Charge (OICs) and individual SELRES are authorized by their Headquarters Detachment that they can execute additional drills, these drill periods need to be scheduled and the IDTs executed.

When, and only when, additional drills are authorized through your chain of command, use these additional drills to meet requirements identified by unit. Sailors shall access EDM to create and submit requests for additional IDT periods no less than 3 days prior to the requested drill date.

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### UPCOMING MOBILIZATIONS

Please contact LT Womack for all mobilization questions.

GTMO mobilizations:

- L35A (Dental Hygienist/LPO 1st Class)
- 10/16/2020 - 6/18/2021.

- L24A (Psych Tech)
- 10/16/2020 - 6/18/2021.
- L22A (Pharmacy Tech)
- L31A (Lab Tech)
- L23A (Surgical Tech)

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### SENIOR ENLISTED NOTES

*HMCS Sheppard*

Updates to COVID-19 and ROM guidance are continuously changing. Though we are directed to continue social distancing, be creative with finding ways to interact virtually with loved ones and your support network. Additionally, remember to keep yourself mentally, physically and spiritually fit.

Thanks for all that you do!

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### C-Schools

We are now accepting applications for C-schools for FY - 21. Please refer to the max.gov website below for the application checklist and procedures.

<https://community.max.gov/display/test/C-Schools+Matters>

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### NAVADMIN 194/20 COVID-19

#### FACE COVERINGS

Face coverings worn with Navy uniforms will conform to the guidance promulgated by the Centers for Disease Control and Prevention (CDC). Please see NAVADMIN 194/20 for additional guidance on proper wear.

### ARMED FORCES HUMANITARIAN SERVICE MEDAL

On 30JUN20, the Secretary of Defense approved the Armed Forces Humanitarian Service Medal for the COVID-19 response. However, Department of the Navy guidance is required and is still pending. BUMED (M10) will provide updated information as it becomes available.

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### Happy 73<sup>rd</sup> birthday to the Medical Service Corps!

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### FROM CNRFC

Shipmates-

As the COVID-19 pandemic continues to impact travel and training opportunities, I encourage you to leverage all available resources (including ZipServe) in order to complete your annual training (AT). With your health and safety in mind, I have instructed unit leadership to create and adopt options for in-place training that can be accomplished with minimal travel and to also provide telework options coordinated through your gaining command.

In the event that you are unable to find meaningful training opportunities, an Annual Training Waiver Request (NAVRES 1571/15) should be completed and routed through your chain of command for adjudication. Waiver requests citing COVID-19 should detail your effort to adapt



to the COVID-19 environment and complete your participation requirements in order for your commanding officer to make a proper determination.

All participation waivers are required to be adjudicated on an individual basis. Group/unit waivers are not authorized, as individual circumstances will vary widely. All waivers are required to be adjudicated in NSIPS no later than 30 September 2020, as outlined in CNRFC Note 1001.

Lastly, I'd like to thank you for your patience and understanding during these turbulent times. I'm encouraged by the foresight, ingenuity and responsiveness I've seen throughout the Force and your effort to maintain mission readiness. Stay strong.

// Signed //

Rear Admiral John A.  
Schommer Commander, Navy  
Reserve Forces Command

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### Operations

*CDR Skinner*

#### **Navy Reserve EMF Jacksonville to Advance to Tier I Status for FY21**

The BUMED Tiered Readiness cycle has been updated based on recent deployments of EMF units. BUMED relieved NR EMF Camp Pendleton of the Tier I status for FY21. The message tasked NR EMF Jacksonville (formerly NR EMF Dallas) to prepare and plan to assume the Tier I status upon successful

completion of the EMF Phase II Alpha and Bravo training, as well as the Operational Readiness Evaluation (ORE) on 07NOV20. NR EMF Camp Pendleton will return to Tier III status.

The Naval Expeditionary Health Service Support (NEHSS) BSO-18 Tiered Readiness Program is BUMED's sustainable readiness generation model, largely based on the Optimized Fleet Response Plan (OFRP), used to support BUMED's ability to generate forces and produce ready medical forces.

Tiered readiness prioritizes unit or capability preparedness to enable a predictable operational and personnel tempo that allows senior leadership to proactively ensure NEHSS BSO-18 units are manned, trained, equipped, and administratively ready to meet warfighter operational objectives.

Good luck to EMF Jacksonville as they move into Tier I status in this expedited manner!

#### **What is an Acute Care Team (ACT) and Rapid Rural Response Team (RRRT)?**

Acute Care Teams (ACTs) and Rapid Rural Response Teams (RRRTs) are a NORTHCOM/FEMA capability. BUMED worked in coordination with FEMA and DSCA to develop these teams based off of a validated requirement for FEMA/DSCA pandemic support. Feedback

from the EMF Mike, NR EMF Bethesda, DSCA, FEMA, and Army, Air Force, and Navy Medicine leadership was used to develop these platforms to best meet the COVID and pandemic response requirements.

These platforms are vastly different when compared to an EMF. The ACT and RRRT do not perform any surgical procedures and are created specifically to FEMA/DSCA mission requirements.

The ACT and RRRTs are ad-hoc units. They were developed to support the acute care critical skill sets required for contingency operations. These teams MAY be considered for incorporation into BUMED doctrine and could become a Program of Record.

#### **50 Bed Acute Care Team (X1):**

4 X Physicians (Internal Medicine)  
4 X Advance Care Practitioner (Physician's Assistant or Family Nurse Practitioner)  
2 X Certified Nurse Anesthetist (CRNA)  
24 X Med/Surge RN  
2 X Pharmacy Officers  
2 X Advance X-Ray Tech  
6 X Respiratory Therapy Technicians

#### **Rapid Rural Response Team (X4)**

1 X Critical Care Physician  
5 X Critical Care Nurses  
1 X Respiratory Therapy Technician